

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number:

10698142

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	19	
FOR	NUMBER PAID	NUMBER DUE
TOTAL CHARGEABLE CLAIMS	19 minus 20 = 0	
INDEPENDENT CLAIMS	5 minus 3 = 0	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

11-29-04 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAMS REMAINING AFTER AMENDMENT	NUMBER PAID FOR	NUMBER PAID FOR	PRESENT EXTRA	ADDITIONAL FEE	
					100%	150%
Total	9	100%	20	0		
Instruction	1	100%	3	0		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

SMALL ENTITY OTHER THAN
TYPE OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	\$35.00	OR	\$70.00
100%		OR	\$110.00
140%		OR	\$140.00
+145%		OR	\$230.00
TOTAL		OR	TOTAL \$70

SMALL ENTITY OTHER THAN
TYPE OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
100%		OR	\$110.00
140%		OR	\$140.00
+145%		OR	\$230.00
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAMS REMAINING AFTER AMENDMENT	NUMBER PAID FOR	NUMBER PAID FOR	PRESENT EXTRA	ADDITIONAL FEE	
					100%	150%
Total	12	100%	20	0		
Instruction	1	100%	3	0		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

SMALL ENTITY OTHER THAN
TYPE OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
100%		OR	\$110.00
140%		OR	\$140.00
+145%		OR	\$230.00
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAMS REMAINING AFTER AMENDMENT	NUMBER PAID FOR	NUMBER PAID FOR	PRESENT EXTRA	ADDITIONAL FEE	
					100%	150%
Total	12	100%	20	0		
Instruction	1	100%	3	0		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

SMALL ENTITY OTHER THAN
TYPE OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
100%		OR	\$110.00
140%		OR	\$140.00
+145%		OR	\$230.00
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3

* Enter Multiple Number Paid For in this space if less than 20. Enter 20 if greater than 20.

* Enter Multiple Number Paid For in this space if less than 3. Enter 3 if greater than 3.

The Multiple Number Paid For field is intended for the presentation of the dependent claims in the application form as shown in section 1.

2-1000 3-1500

0-0-0 2-1000 3-1500 U.S. GOVERNMENT OF COMMERCE